

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name <b>Kentucky Fried Chicken</b>		Telephone Number <b>812 945 8498</b>		Date of Inspection (mm/dd/yr) <b>4/30/2019</b>		PERMIT # <b>18-138</b>	
Establishment Address (number and street, city, state, zip code) <b>2124 State St. New Albany, IN 47150</b>		812 246 8283					
Owner <b>Alicia Schneider</b>		Purpose: 1. Routine <b>2. Follow-up</b> 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____		Follow-up <b>NO</b>		Release Date <b>10 days</b>	
Owner's Address				Summary of Violations: <b>C</b> <input checked="" type="checkbox"/> <b>NC</b> <input checked="" type="checkbox"/> <b>R</b> <input checked="" type="checkbox"/>			
Person in Charge <b>Tarisa Fisher</b>				Menu Type (See back of page) <b>1</b> <input type="checkbox"/> <b>2</b> <input type="checkbox"/> <b>3</b> <input checked="" type="checkbox"/> <b>4</b> <input type="checkbox"/> <b>5</b> <input type="checkbox"/>			
Responsible Person's E-mail							
Certified Food Manager <b>Timothy Fox (5/2/20)</b>							
<ul style="list-style-type: none"><li>• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</li><li>• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</li></ul>							
Section#	C/N/C	R	Narrative				To Be Corrected By
			No violations. All corrections made.				
Received by (name and title printed): <b>Tarisa Fisher</b>			Inspected by (name and title printed): <b>A.J. Ingram (EHS)</b>				
Received by (signature): <b>Tarisa Fisher</b>			Inspected by (signature): <b>AJ</b>				
cc:			cc:			cc:	